

clubs and living places. In fact, a host of benefits should arise from the united and thought-out plans of such bodies of women, interested in the good of all.

And looking farther ahead to that happy and *not* impossible future when our central registry will be not only self-supporting but remunerative, one hopes that when it is found that a patient needs the most skilful nursing and yet is unable to pay for it, he may have a nurse furnished by the registry at a charge within the patient's means, the difference being made up to the nurse by a fund supplied through the state association, taken from its profits or as the bequest of charity. Then it would truly seem as if we were at last redeeming our pledge to furnish adequate nursing care to the public in illness.

WORKING FOR OUR LIVING *

By GRACE HOLMES

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(Discussion of the preceding paper.)

IT is said that when a speaker sits down leaving half his audience on their feet, it is a sign that he has made a good speech. When Mrs. Foster sent me her paper to read, and I had finished it, the entire audience was on its feet. I was excited! When that sliding scale comes under discussion I can't keep still.

My first quarrel is with the very words. Why do we talk about a sliding scale? Why do we want a sliding scale?

The sliding scale, if I am rightly informed, means charging more, or charging less according to the kind of work or the financial possibilities. There will always be certain classes of work that will pay above the schedule, and certain nurses who will charge more, and that is right, but it is not what is meant by the sliding scale. The scale could slide up only when the patient is a wealthy one, and we all know that wealthy patients are not in the majority in the general rank and file of our cases.

Is it our object and purpose to secure more employment for nurses or more skilled nursing for the people? If we are trying to devise a plan whereby we can secure more work for nurses, then we may block out any scheme that seems good to us—but that is not the ostensible reason for all this discussion. Our avowed object is to secure skilled nursing

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for every sick person in the United States, at any price which he can pay.

Will you tell me why it is the duty of ten per cent. of the population to see to it that the other ninety per cent. shall have any certain thing, whether they can pay for it or not?

Would you go to the bakers and say, "You must see to it that all the people have bread, whether they can pay for it or not"?

Would you go to the butchers and say, "You must furnish meat to all the people at any price which they can pay"? If shoemakers were required to keep the entire populace shod for any sum they could pay; if upon *any* other class of workers were laid such a burden as we have elected to lay upon ourselves, what would be the result?

Who is demanding that we shall take care of every sick man, woman, and child in America? Are the people demanding it? I am everywhere told that self-respecting poor people practically *never* ask a nurse for cut rates. We need not take account of the wailings of the people who always want everything below market price. They are the same people who move to save paying rent, and who never make a church pledge, because they have heard that salvation is free. They need not arrest our attention; they rarely fall into our hands anyhow. A neighbor, or a nurse from some charitable organization is their usual victim.

The people that we are worrying about just now are the people who have to make great sacrifices to pay us—and those who *can't* pay us even *by* making great sacrifices.

Tell me, are these people clamoring for our services? Far from it!

I think we take ourselves too seriously. Who took care of all these people before we were born? A trained nurse did not officiate at *my* birth—probably not at the birth of most of my hearers.

When I had measles and chicken-pox and scarlet fever, my mother took care of me—ably assisted by my father—and I lived through it all, and I am not deaf nor blind nor (in my own opinion) idiotic. Home nursing runs an equal chance of succeeding, to-day.

We have become so imbued with the idea that we are an indispensable part of the social fabric that we think the world couldn't be run without us; and, to be sure, in a way it couldn't. We *are* indispensable to the hospitals and to modern surgical procedures. But it is *modern surgery* and *skilled nursing* that have grown up simultaneously—medicine has not been very much influenced by our presence—and should every trained nurse in America die to-day, medicine could still get on. I will admit that such a sudden disappearance of nurses might seem a serious calamity.

Yet I want to remind you that all the other agencies for the care of the sick that were in the field before we arrived upon the scene are still here, and are doing business. We are a *new* thing—something added to—over and above all the old established agencies and methods. If some of the people are able to secure our services, it does not follow that those who cannot are left worse off than they were before. Indeed, the fact is that they are better off, for our teachings have permeated far and wide, even into regions where we ourselves have never been.

I have possibly made you think that I do not believe in progression; that I think the world has gained nothing by our being here. Far be it from me to take such a stand! I am thoroughly convinced that we are a good thing—I will even grant that possibly I might have been born more scientifically had a trained nurse been present. I believe that all the sick world would be the better for our gentle ministrations, whether they know it or not. The question is, do they know it, and if they know it, do they want us; and if they want us, how are they to get us?

Mrs. Foster states that the “nurse at the bottom of the list” scheme has failed. No wonder! How many of us would like to add to the terrors of, say, a long run of typhoid, an equally long list of bottom of the list nurses? Heaven save *any* patient or family from such an experience!

The proposition to start new graduates at a less charge appears on the surface to have more to commend it, yet I am inclined to think that the result would be only to help solve that other problem—“How to secure nurses for small hospital positions”—and if, in our first years, it is only by the hand of a kind and over-ruling Providence that we are kept out of the clutches of a coroner’s jury, yet the fact certainly remains that the new graduate is bound to be abreast with current technic. Also it costs her as much to live as it does us who have been years in the field. Also, it is the prospect of being able to earn twenty-five dollars a week, at once, after graduating, that lures half our recruits into this anxious and difficult field at all. I believe that we would only complicate the superintendents’ problem by eliminating this drawing card.

Judging from such information as I have been able to procure, it would not be possible for the average nurse to live on less than her average income. It appears that in the present condition of things but half of us are able to lay by anything for the fast approaching old age. Half of us are already reducing rates, and most of us are working as great a proportion of the time as it is safe for a nurse to work.

It is pretty clear that the problem cannot safely be solved by any scheme which will keep a nurse working more weeks, while not adding to her income or increasing her savings, unless the world's whole economic plan can be so altered that when she makes a 25 per cent. reduction in her charge she can procure a 25 per cent. reduction in her room rent and laundry bills and can buy other necessities at a like rate. You will say, "that is a ridiculous suggestion and impossible of execution," and I admit it, yet it is far less unfair or ridiculous than to demand that the entire loss shall fall upon the nurse.

Then, how are we to solve the problem? *Why must we solve it?* Is it up to the bakers to see that all the people have bread? Is it up to the shoemakers to see that all the people have shoes? Is it up to the druggists to see to it that all the people have drugs?

It is not even up to the undertakers to see that all the people are buried. Why is it up to nurses to see that all the people have nursing?

Please do not understand me for one moment to mean that this is a problem about which we should not concern ourselves. We have a duty here, just as we have in the great tuberculosis movement, but no one expects us to attack the nursing care of tuberculosis single handed. No more should this other problem be regarded as peculiarly ours. It is not! It is, in *my* opinion a problem for the people to solve.

Personally, I believe it could be solved by some kind of an insurance scheme. A man can be insured in such a way that when he is sick he draws a certain weekly sum of money. Why not carry a sort of insurance that will cover the sickness of any member of the family, by which such a weekly sum is drawn, as will, in addition to what the family can pay, make up the amount that it costs to keep a nurse?

Done on this basis, the people could provide themselves with nurses with no hardship to any one concerned.

Such a plan would require great nicety of detail in working out, but I believe it could be done.

It was my original intention to work out and present such a plan, but when the sliding scale paper was taken off the program, I abandoned that plan and did not indeed intend to touch upon the subject at all, had not Mrs. Foster accused us of operating nurses' trusts and of failing in our duty to the public.

If state associations are to take up the management of registries (or even if they are not), I believe it would not be out of order for them to coöperate, officially, with the public in the starting and management of such a scheme as I have alluded to, which was also suggested to this body by Miss Hollister in her paper on "How Shall We Procure

Skilled Nursing for the Family of Moderate Means?" at the Detroit convention two years ago.

I can see no reason why such a plan could not be made to work out and to meet the need, which certainly does exist, of providing skilled nursing for the people of moderate means, at a price which they are able to pay, which, let me repeat, is the real object of this discussion.

THE HIPPOCRATIC OATH

BY MARY CADWALADER JONES

For some years past a modified version of the Hippocratic Oath has been administered by me, in my capacity as chairman of the Advisory Board of the New York City Training School for Nurses, to the graduating class at their annual commencement, and a sketch of the history of the oath itself may be interesting. Dr. John G. Curtis, professor of physiology at Columbia University, published such a sketch in 1902, together with a translation of the oath, and I gladly avail myself of permission to quote his words, as I certainly could not improve on them:

"The ancient Greek writings commonly called 'The Works of Hippocrates of Cos' were judged even by ancient Greek critics to be really by various authors. The truth of this conclusion is plain to modern scholars. These writings have probably existed as in some sort a collection since the early days of the Alexandrine library, near the beginning of the third century B.C.; and the composition of the several writings may safely be referred to the fifth or fourth century. Which of them are truly works of the famous physician whose name they bear is quite uncertain, as no direct contemporary testimony exists. Modern critics can only sift internal evidence, and compare the views of earlier critics, ancient, perhaps, but often naïve or biased. Many writings in the collection, however, are plainly as old as Hippocrates, if not older. He was born in 460 B.C.; died, probably, in 377 B.C., and was a worthy of the great period often styled that of Pericles. There is no proof, however, that Hippocrates was ever at Athens, though he was known there; and scarcely anything is known of his life with certainty.

"One of the most famous writings of the Hippocratic collection is that entitled 'The Oath.' It is probably at least as ancient as Hippocrates, but that he composed it can neither be affirmed nor denied. Traces of its widespread influence occur in history; and by means of it modern physicians still hand down the traditions of their calling to those about to receive a medical degree. The ancient words do not accord with